

News from Reviews

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Notes from Margaret Stevens-Jones, PHIB Manager

The QI Team implemented a new tool to the site visit process titled “LHD Site Review Evaluation Form”. This instrument assists the LHD with evaluating the QI Team and their processes. A hard copy of the tool is left with the LHD Director or Nurse Leader the day of the visit. This allows time for LHD staff to discuss and provide input on aspects of the visit. An electronic copy is sent with the final report and Compliance Action Plan (CAP). Completing this provides the Team with ideas for performing QA/QI on ourselves, our procedures and ultimately improve our approach.

The tool is easy to complete, takes less than ten minutes and provides valuable information to the team. The Evaluation Form gives the LHD an opportunity to provide suggestions or ideas, make requests for other program reviews, and give constructive criticism or kudos regarding their site visit experience. The evaluation piece has proved useful since its implementation. We have made changes to our processes based on feedback from the LHD staff. Some of the suggestions we have incorporated are:

- Reduced the site visits to one day instead of two in order to decrease the time taken from clinic duties.
- Provide a CD-ROM of the chart tools utilized during the visit so that agencies can utilize them for self audits.
- Added review of School Health Charts and School Administrative requirements to the process.
- Developed the STD-1 to assist with STD history and exams.
- Utilized a “Chart Pull List per Program” so that agencies will have charts pulled and ready when we arrive for the visit.
- Other changes are under development.



We are listening to the LHD staff and updating our process to meet your needs. As Dr. Davis says, we are “being more efficient, but also more effective” with our reviews and visits.



Key Issue

During site reviews, the following key issue was found to be incomplete, inconsistent, or ineffective:

Nurses performing breast and cervical cancer screening exams in local health departments must be a Nurse Practitioner or a Registered Nurse who has received certification from the DPH approved Breast and Cervical Cancer training course¹. The Cancer Screening training course is now named the Comprehensive Reproductive Exam Training (CRET) and is offered thru the Madison County Regional Training Academy.

Breast and cervical cancer screening training requirements include: Cancer Screening training with preceptorship in CBE, Bimanual exam and Pap. Attending an Annual Update is also required. If the nurse has a lapse of one (1) year in providing either of these services, she/he must contact DPH to determine training needs².

If the nurse has also obtained the DPH Adult Physical Assessment Certificate of Completion, she may also offer full adult preventive screenings. Breast and

Cervical Cancer Services may be provided as part of the complete adolescent or adult preventive visit or as an evaluation and management (E/M) office visit if the services provided only satisfy the minimal requirements of the program¹.

Please have copies of the certificate of completion available for the QI Team to review during their site visit.

¹PHPR, Cancer Screening and Follow-up Section, page 2.

²AR, Vol I, Training Guidelines and Program Descriptions Section, page 2.

Upcoming Trainings:

Comprehensive Reproductive Exam Training (CRET) @ Madison County Regional Training Academy

- September 1st (save the date)
- October 20th

Annual Women's Health Update

- November 1st (tentative)

Kudos!

Grant Allows Monroe County Health Department to Promote Physical Activity among Schoolchildren

In 2007, the Monroe County Health Department submitted for and was awarded a grant for \$10,000 to use in the area of diabetes education and prevention. This grant is sponsored by the Centers for Disease Control & Prevention Appalachian Regional Commission and The Center for Rural Health at Marshall University. The grant provided us an opportunity to establish the Monroe County Diabetes Coalition, which continues to be an active group in our community. The coalition consists of community members and organizations partnering to promote diabetes education, outreach, and prevention across Monroe County. The coalition focuses on diabetes prevention in our children, and education on pre-diabetes and type 2 diabetes. One of the activities that the grant enabled the health department to do was to purchase much needed physical education (PE) equipment for our local middle and high schools. Through after-school program grant funding, our elementary schools had appropriate equipment, however, our middle and high schools were in dire need of suitable PE equipment for the students. This opportunity has afforded us the opportunity to promote physical activity and type 2 diabetes prevention in our local youth!

Submitted by Jill Ford, BSN, RN



The July 2011 Public Health Practice Reference is available online at <http://chfs.ky.gov/dph/info/dpqi/PHPR.htm>.

The implementation date of the revisions is July 31, 2011.

Frequently Asked Questions

How many years back to we have to keep our Birth Control, STD, pap and mammogram logs?

The Retention schedule states that patient management logs such as Mammogram or pap should be retained for 1 year. Lab request forms and the Lab Control Logs are retained for 2 years. All Drug/Device Logs should be retained for 5 years. The Retention and Disposal Schedule for Local Health Departments can be found in the AR, Vol. I, Medical Record Management chapter.

Do we have to have all the PHPR protocols re-signed annually if they haven't changed?

The PHPR contains sections which are designated as Guidelines, (recommendations for patient management) and Protocols, (authoritative statements requiring a physician's signature. It is the local agency's responsibility to obtain a physician's signature ANNUALLY on each of the protocols. The guidelines and protocols represent levels of care considered appropriate for staff at LHDs and are intended to be used without modification, unless a higher level of care is desired and supported at the local level. Additional protocols adopted by the LHD should be reviewed, updated as appropriate and signed annually by a collaborating physician as well. See PHPR, General Information section.

The new H&P forms are so extensive; do we have to make sure every section is filled out?

All blank spaces and sections should be filled in to meet PHPR program guidelines/protocols, coding and billing

requirements, clinician discretion, or patient preferences. Sections may be "X'd out" if not appropriate to the service or designated as "deferred" if omitted because of patient preference. Leaving blank spaces exposes the health care provider to questions that information may have been "filled in" information or "tampered" with. See PHPR, Documentation/Medical Records Section.

There are several hard copies of the PHPR throughout our district and satellite agencies, and we copy, organize and replace the pages/revisions in all of them. Question: does the Dr.'s signature page(s) in the various sections have to be filed with every copy OR can the original signed pages be kept on file at the main office and have unsigned pages in the numerous books?

The original signed set of protocols should be filed at the main office and copies of the signed protocols should be distributed to the other agencies. The copied version of the signed protocols may be kept in an individual file outside of the main copy of the PHPR. Also the LHDs must assure that a copy of the most current signed protocols of the PHPR's Emergency section are kept with the emergency supplies.



The KDPH Accreditation Readiness Team (ART) has been conducting the draft PHAB state self-assessment tool, riding the rails, domain by domain. We're happy to announce that the team has culminated stage one of our journey, which is integral to roll down the track toward **PHAB** (Public Health Accreditation Board) state accreditation (www.phaboard.org) slated for 2014 application. States are discovering the many opportunities for growth that are ahead, via our common route.

ART is learning a lot about PHAB's expected requirements, evidence and documentation, gaps, and the inner-workings of our various divisions. Our monthly meeting is sparking many "light bulb moments", or epiphanies, where chartered ART team members are building their KDPH knowledge base while concurrently sharing their expertise. Detailed information, feedback, and ideas are captured and compiled into an agency master working file to aid with action items and fuel for the train. Stay tuned as PHAB will be releasing their "real and final" standards, measures, and documents this summer.

KDPH is pleased to have Janie Cambron on board the train as a result of our CDC (Centers for Disease Control and Prevention, www.cdc.gov) awarded performance management grant. Also this summer, KDPH is being supported with a technical assistance resource award, i.e. not funds, from ASTHO (Association of State and Territorial Health Officials) to craft a workforce development plan to comply with domain eight's requirements and to strengthen our planning.

If you have questions for me on the state level, as State Accreditation Coordinator (SAC) for KDPH, please e-mail me at ronal.stapleton@ky.gov or call (502) 564-7212, extension 3650. Thank you.

LHD Spotlight

Congratulations to the **Northern Kentucky Independent District Health Department** (NKIDHD) for their long-range community collaboration and their development and publication of a *Master Health Plan* for Northern Kentucky!



Since 1996, NKIDHD has demonstrated innovation towards achieving strengthened community partnerships to assure quality healthcare initiatives for all citizens living in Northern Kentucky. Along this quest for

collaborative quality healthcare, NKIDHD has received multiple national recognitions. They have the distinction of being the first health department in Kentucky to complete the APEX-PH process, one of 10 national pilot sites for

PACE-EH, and one of nine national demonstration sites for MAPP!

The *Master Health Plan* is a summary of community health planning and initiatives spanning over a decade. As stated from the introduction: "The Master Health Plan for Northern Kentucky is a comprehensive look at the priority health issues in Northern Kentucky. Staff from the Health Department, a committee of community representatives and numerous other health and social service agencies worked together to create this document outlining important health issues in three areas: physical health, lifestyle and environment and access to health services."

For more information and to download a copy of the Master Health Plan go to <http://www.nkyhealth.org/mx/hm.asp?id=masterplan>.

We appreciate your feedback!

Please send your comments, questions, or newsletter ideas to the Quality Improvement Team Contributing Staff:

[Margaret Jones](#), Manager
[Jan Hatfield](#), Supervisor
[Erica Davis](#), Editor

[Emily Anderson](#), Nurse Consultant
[Daniele Bray](#), Nurse Consultant
[Deborah Donovan](#), Nurse Consultant